


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90063 048 ***150.00

DOCUMENT # P04000043952 1. Entity Name LUNSFORD SURVEYING & MAPPING, INC.	
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Principal Place of Business PO BOX 2293 EAGLE LAKE, FL 33839	Mailing Address PO BOX 2293 EAGLE LAKE, FL 33839
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DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0888918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUNSFORD, THOMAS G
715 S LAKESIDE TER
EAGLE LAKE, FL 33839**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas G. Lunsford **THOMAS G. LUNSFORD** 3.10.06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVM LUNSFORD, SUSAN K PO BOX 2293 EAGLE LAKE, FL 33839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUNSFORD, SUSAN K PO BOX 2293 EAGLE LAKE, FL 33839
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan K Lunsford **3.10.06** 863.294.3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #